Greater Cleveland Food Bank

STUDENT AMBASSADOR PROGRAM

PARENT/GUARDIAN CONSENT

I support my student's participation in the 2026/2027 Student Ambassador Program.

I understand that participation will require attendance at an in person orientation, group volunteer experiences, and a closing session at the Food Bank.

I understand that participating in Food Bank volunteer experiences is a component of the GCFB Student Ambassador Program.

I understand that attending regularly scheduled hour-long virtual and in-person sessions to learn more about food insecurity and advocacy is required.

I have read and understand the requirements and responsibilities of the Student Ambassador Program.

Student Name _____

Parent/ Guardian Name _____

Date _____

Parent/ Guardian Signature _____

CONTACT US TO LEARN MORE

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GreaterClevelandFoodBank.org

LOCAL COORDINATOR HARVEST FOR HUNGER | MEMBER OF FEEDING AMERICA OHIO ASSOCIATION OF FOODBANKS